

Foster Family Home - Corrective Action Report

Provider ID: 1-160028

Home Name: Mariedel Garingo, CNA

Review ID: 1-160028-5

2134 Kalihi Street

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 8/13/2018

End Date: 8/13/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 8/13/18.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 2 year 3 bed certification.

Angelica Galindo, RN

Compliance Manager

M. Garingo

Primary Care Giver

8/13/18

Date

8/13/18

Date